



Sacramento Metropolitan Fire District

3012 Gold Canal Dr., Rancho Cordova, CA 95670 • (916) 942-3300 • Fax (916) 942-3400

BUILDING PROJECT INFORMATION
PLEASE COMPLETE
THE FOLLOWING AND PRINT CLEARLY

FOR DISTRICT USE ONLY

Date: _____/_____/_____

LOG NO.: _____ Occup Type: _____

Project Number: _____

Parcel Number: _____ - _____ - _____

Project Name: _____

Project Address: _____ Suite: _____ City: _____ Zip: _____

Name of Company/Person Doing the Job:

Company Name: _____

Address: _____ City: _____ Zip: _____

LICENCED CONTRACTOR DECLARATION: *I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division of the Business and Professional Code, and my license is in full force and effect.*

Signature: _____ License No.: _____

APPLICANT/CONTACT: PLEASE COMPLETE AND PRINT CLEARLY

Name: _____ Day Phone: (_____) _____ Fax: (_____) _____

Address: _____ City: _____ Zip: _____

COUNTY OF SACRAMENTO FIRE INSPECTION AGREEMENT

I agree to request a fire department/district inspection prior to calling the Sacramento County Building Inspection Division for:

1. Frame Inspection (Residential)
2. Ceiling or T-Bar Inspection (Commercial)
3. Final Inspection (Commercial)

Fire Department/District approval is required prior to calling for Building Department inspections. Failure to comply may result in a re-inspection fee being levied and a hold being placed on all inspections.

By: (PRINT/TYPE) _____ Signed: _____

 X Contractor

 X Owner

 X Agent for Contractor

 X Agent for Owner

****OVER****

COMPLETE SUBMITTAL INFORMATION IS REQUIRED

APPLICABLE FEES MUST BE PAID AT THE TIME OF PLAN SUBMITTAL. Parcel Number and Project Street Address are required for **ALL** submittals and inquiries. **NO REFUNDS! PLAN REVIEWS APPROVED FOR ONE-YEAR ONLY – FINAL SUBMITTAL MUST BE ACCOMPANIED WITH A DISKETTE.**

NOTE: ALL CIVIL (Site Plans), ARCHITECTURAL (Floor Plans), and SUBDIVISION Plans WILL NOT receive FINAL SIGNATURE and Release until the digital drawing file is submitted.

___ **XPD – EXPEDITED** Plan Check (Plans may be expedited by paying an additional minimum fee of \$143.56).

___ **OCP – OVER-THE-COUNTER** Plan Check (Schedule within 48 hours) – **NO. of Hours** _____

Check (ONLY ONE) appropriate box for the type of Plan being submitted)

CONSTRUCTION

Building Construction

___ **NBP** New Building
TOTAL Sq. Ft. _____

Tenant Improvements

___ **TIP** Tenant Improvement/Remodel
TOTAL Sq. Ft. _____

FIRE SPRINKLER SYSTEMS

New System

___ **SPA** New Fire Sprinkler System 1- 99 heads
___ **SPB** New Fire Sprinkler System 100 – 199 heads
NO. of Risers/Floors _____
___ **SPC** New Fire Sprinkler System > 199 heads
NO. of Heads _____, **NO. of Risers/Floors** _____

Tenant Improvement - Sprinklers

___ **STP** Fire Sprinkler Systems 1- 50 heads
___ **STT** Fire Sprinkler Systems > 50 heads
NO. of Heads _____, **NO. of Risers/Floors** _____

ENGINEERING SITE PLANCHECK

___ **EPK** Engineering (SITE) w/KNOX (gates, etc)
___ **EPP** Engineering (SITE) w/3 or less hydrants
___ **EP3** Engineering (SITE) w/4 or more hydrants
NO. of Hydrants _____

FIRE ALARM SYSTEMS

___ **FAL** Fire Alarm System – **NO. of Devices** _____
___ **FTP** Flow and Tamper Alarm

FIRE SUPPRESSION SYSTEMS

___ **CAS** Clean Agent Extinguishing System
___ **HDP** Hood and Duct System – **NO. of Systems** _____
___ **UGS** Underground Fire Sprinkler – **NO. of Risers** _____

TANKS

___ **AGT** Aboveground Tank Install – **NO. of Tanks** _____
___ **LPG** Propane Tank Install – **NO. of Tanks** _____
___ **UGT** Underground Tank – **NO. of Tanks** _____
(RANCHO MURITEA ONLY)

LOT SPLITS

___ **LSA** Lot Split of 1 – 4 parcels
___ **LSB** Lot Split of 5 – 24 parcels
___ **LSC** Lot Split of > 24 parcels
NO. of Parcels _____

LOQUID & COMPRESSED GASES

___ **CGH** Compressed Gas HAZARDOUS
___ **CGM** Compressed Gas MEDICAL

OTHER PLAN TYPES

___ **BCF** Basic Construction Fee (cell site, walls, pool, stairs, residential care facility)
___ **COR** Certificate of Release
___ **DRC** Design Review Conference
NO. of Hours _____
___ **KLX** Knox Lock Application
___ **PBP** Paint/Spray Booth exclud. fire prot. System

MISCELLANEOUS

___ **AWY** Automobile Wrecking/Junk Yard
___ **CCF** Carnival, circus, fair operation – basic fee
NO. of Booths _____
___ **FHT** Flow Hydrant Test
___ **FWK** Fireworks Aerial Display
___ **FWS** Fireworks Stand
___ **HHH** Haunted House
___ **HPS** High-piled Storage (2,500 sq. ft)
___ **KIO** Kiosks, booths, concessions in mall (temporary)
___ **PLN** Parcel Map
___ **TBU** Temporary Building Use
NO. of Hours _____
___ **TNT** Tents, Canopies, Temp. Structure With Permit
___ **TRE** Tire Storage in excess of 1,000 cubic feet
___ **WSL** Will Serve Letter
___ **OTHER:** (Describe) _____